

MULTIPLE DEPEN. CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538018

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		2					
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50							
TOTAL IND.	1		1		1		
TOTAL DEP.	3	↔	7	↔			
TOTAL CLAIMS	4	████████	8	████████	████████	████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.					↓		
TOTAL DEP.			↔		↓		
TOTAL CLAIMS			████████		████████	████████	

BEST AVAILABLE COPY